## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT . . CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106105 (4)

WOER	NER SENIOR (E.J.), INC.							
Principal Place of Business Mailing Address						T CONTINUE THE TOTAL SERVICE MODEL MODILS AND A TIME TOTAL T	il <b>dalia a</b> nial lian a	
505 S. FLAGLER DRIVE 505 S. FLAGLER DRIVE SUITE 606 SUITE 606								
W PALM BEACH FL 33401 W PALM BEACH FL 33401						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
						12/17/1997		~ <del>_</del>
	2. Principal Piace of Business  2a. Mailing Address					4. FEI Number	<b>⊢</b>	pplied For
21 105	5 West Camphor Auc. 26 105 West Camp , Apt 11, etc. Suite, Apt. 11, etc.			<u>.                                    </u>		65-0800155		lot Applicable
27						5. Certificate of Status Desired	Fee R	Additional lequired
						6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country Zip Co			У		8. This corporation owes or has paid the		
24 3653	25 29 36535 30 25 29 36535 30					Personal Property Tax due June 30.  10. Name and Address of New Register		_] No
L'E		uefisieien wfeur	81	Name		10, Name and Address of New Negister	100 Ayon	
KP&L SERVICES, INC. 390 N. ORANGE AVE.						ss (P.O. Box Number is Not Acceptable)		
SUITE 600 ORLANDO FL 32801			83					
UF	RLANDO FL 32801			1				
			84	'			FL   `	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typical or printed name of registered agent	and title if anythropids (NOTE)	Designation Ar	ant signatur	a topuitan	d when reinslating) DA	TC	
12.	OFFICERS AND		13.	Test signatur	c requires	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P/T	DELETE	1.1 TITLE		[		Change	
NAME	Edward J. Woerner 1		1.2 NAME	1.2 NAME				
STREET ADDRESS	s Hwy 87			T ADDRESS				
CITY-ST-ZIP	Elberta AL 36530	)	1.4 CITY-	ST-ZIP	<u> </u>			
TITLE			21 TITLE				Change	☐ Addition
NAME	George A. Woerner							
			2.3 STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP	-	*	Change	Addition
TITLE			3.1 TITLE				change	☐ AOUITION
NAME STREET ADDRESS			3.2 NAME	T ADDRESS				
CITY-ST-ZIP			3.4. CITY		1			
TITLE		DELETE	4.1 THLE		1		Change	Addition
NAME			4. 2 NAM					Ф
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE			5.1 TITLE		1		Change	Addition
NAME			5.2 NAME					-
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		DELETE	61 TITLE				Change	☐ Addition
NAME			6.2 NAME					ļ
STREET ADORESS	,		6.3 STREE	t address				

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

**FILED** 

May 19 1998 8:00am

Secretary of State